PIO/SB/06 (09-03)
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PATENT APPLICATION FEE DETERMINATION RECORD							Age of the state o		
Sourstitude for Form P 10-875							10/608/87		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OR SHALL ENTITY	
FOR	· NUMBER FILE	O HUA	HBER EXTRA.	71	RATE	ccc	7		1
(37 CFR 1.16(a))		* 1 .		1.1	" TATE	. FEE	┨ ∵	RATE	FEE
TOTAL CLAIMS (37 CFR 1.16(d)	minus	20.	·	11		-	OR	-	3
INDEPENDENT CLAUS	· ·			↓ ↓	X1=		OR ·	X 5 =	
(37 CFR 1.16(b))	minus			┨ ┠	X \$=		OR	X \$ *	
MULTIPLE DEPENDENT CLASS PRESENT (37 CFR 1.16(d))					+1 <u>·</u> =		OR:	·+s.· =	
" If the difference in column 1 is less than zero, enter "I" in column ?					TOTAL		OR	TOTAL	· ·
CLAIMS AS AMENDED - PART II									
	CLAIMS	HIGHEST	(Column 3)	ו ר	SMALL E	NTITY	OR I	SMALL I	
MA AM	MAINING AFTER ENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL
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Z Independent (1) O'R 1,16(b)) Z	6 Minus	6	-			1-1	OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (2) CFR 1 1600						+	OR	X 5 =	
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(Column 1) (Column 2) (Column 2)				A	DO: FEE		OR	ADDI FEE	
NAO 1 0	LAMS	(Column 2)	(Column 3)	Γ.	· ·	:	. ,		
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					TAL O'L FEE	/	_	TOTAL ADD'L FEE	/
	uma'1)	(Column 2)	(Column 3)				•		
REM	AMS IAMING FTER IDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TRONAL	Γ	RATE	ADOI- TIONAL
Total (D) Official (D)	Minus	"	-			FEE	-		FEE
Total Total Discressing Independent UI (31 CFR 1 Mep)	Minus		-	K			OR L	· s	
FIRST PIECENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR + 1640)								: <u>1 </u>	
the entry in column 1 If the "Highest Number in the Thohest Number	AD	TAL D'L FEE		^_ L	OTAL				
"If the "Highest Number F	Previously Paid For I	N THIS SPACE IS	ress than 20, cale less than 3, cale	oras; 11,3,					

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 USC 172 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Christ individual case. Any continuents and Tradehiach Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDITIONS.